



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL

City of Hospital: Avon

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$294830368
Outpatient Patient Service Revenue	\$451548900
Total Gross Patient Service Revenue	\$746379268

2. Deductions From Revenue

Contractual Allowance	\$525195940
Other Deductions	\$9509284
Total Deductions	\$534705224

3. Total Operating Revenue

Net Patient Service Revenue	\$211674044
Other Operating Revenue	\$3045326
Total Operating Revenue	\$214719370

4. Operating Expenses

Salaries and Wages	\$44245525	Employee Benefits	\$10233249
Depreciation and Amortization	\$6779522	Interest Expense	\$5917274
Bad Debt	\$11065529	Other Expenses	\$74819772
Total Operating Expenses	\$153060871		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$61658499	Total Assets	\$405388660
Net Non-operating Gains over Loss	\$405111	Total Liabilities	\$405388660

Total Net Gains	\$62063610
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$314540535	\$258174448	\$56366087
Medicaid	\$111386521	\$97507885	\$13878636
Other Government	\$6218998	\$3357804	\$2861194
Other State	\$0	\$0	\$0
Other Payers	\$314233214	\$175665085	\$138568129
Total	\$746379268	\$534705222	\$211674046

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$205429.00	\$-205429

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$108.00	\$-108

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$234873.00	\$-234873
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	6000

Statement Six: Charity Statement

Hospital Charity Charges	\$18772206.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3375243	
HCI Payments	\$0		
Subtotal	\$0	\$3375243	\$-3375243
Medicaid Shortfalls	\$18866619	\$27081994	
Subtotal	\$18866619	\$30457237	\$-11590618
DSH Payments	\$0		
Subtotal	\$18866619	\$30457237	\$-11590618
Medicare Shortfalls	\$35093036	\$38793768	
Other Government Programs	\$0	\$0	
Total	\$53959655	\$69251005	\$-15291350

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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